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ABSTRACT

This module is one in a series of thirteen specifically designed to help vocational educators develop the skills needed to function as resource persons to learners enrolled in field-centered comptency-based teacher preparation programs. (These learners are persons with appropriate occupational experience and competence who are being prepared as teachers on an inservice basis.) The objective of this module is to help develop skill in providing the administrative support services essential to the operation of a field-tested, competency-based vocational teacher education program. Contents include five learning experiences based on four enabling objectives. A list of outside resources which supplement those contained within the module is presented. Each learning experience contains some or all of the following materials: enabling objective; learning activity (activities), including information sheets, case studies, and self-checks with model answer (as feedback); and optional activity (activities). (YLB)

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PROVIDE ADMINISTRATIVE SERVICES

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U S DEPARTMENT OF HEALTH, EDUCATION & WELFARE
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CE 026 346

The research base established for the modules included in this series and the modules themselves were accomplished pursuant to three contracts with the Bureau of Vocational Education, Pennsylvania Department of Education. However, the opinions and other content do not necessarily reflect the position or policy of the agency, and no official endorsement should be inferred.

Contract 94-8011 (1977-1978)
Contract 86-8809 (1978-1979)
Contract 85-9825 (1979-1980)

FORWARD

This module is one in a series specifically designed to help vocational educators develop the skills needed to function as Resource Persons to learners enrolled in field-centered competency-based teacher preparation programs. Experience has shown that certain of the modules are also useful in preparing prospective vocational supervisors and administrators since the skills upon which they focus are needed by all persons in vocational leadership positions.

Module content is based on current educational theory as such relates to the experiences of Resource Persons who have been serving on the staff of Program VITAL. The program was made operational at Temple University in the fall of 1973 and, therefore, the staff's experience base is quite broad.

Module format is as described in the *Module Development Handbook* (Quinn, et. al., 1977) which was developed at the National Center for Research In Vocational Education, The Ohio State University. This format was prescribed to be followed for modules centering on the professional development of vocational educators.

This effort was sponsored by the Pennsylvania Department of Education and appreciation is expressed to Dr. John Struck, Mr. Kenneth Swatt, and Dr. Carroll Curtis who, from their positions in the Department, obtained support for the effort. Appreciation is expressed to the many vocational educators who were involved in establishing the research base for the modules, writing the modules, or testing them.

Richard A. Adamsky
Project Director

INTRODUCTION

Field Resource Persons provide the connecting link between local schools and the university and, as such, they are called upon to perform services that allow programs to function properly. For instance, they must take an active part in recruiting local teachers to serve as Resident Resource Persons and see that such persons receive appropriate tuition remission for services rendered.

Although providing administrative support services does not directly effect the learning of teaching skills, competent performance of such services greatly contributes to creating a climate which promotes learning. For this reason, each Field Resource Person must develop the ability to appropriately perform these services. This module is designed to assist you in developing the skills needed to provide the administrative support services so essential to the operation of a field-based, competency based vocational teacher education program (FB/CBVTE).

ABOUT THIS MODULE

Objectives:

Terminal Objective: In an actual FB/CBVTE program situation, provide administrative services. Your performance will be assessed by your supervisor using the Resource Person Performance Assessment Form, pp. 67-69, (Learning Experience V).

Enabling Objectives:

1. After completing the required reading, demonstrate a knowledge of the various administrative support services essential to a FB/CBVTE program (Learning Experience I).
2. After completing the required reading, demonstrate a knowledge of the procedures followed in providing the various support services utilized in FB/CBVTE programs (Learning Experience II).
3. Given the necessary forms (Tuition Remission, Change of Grade, Travel Expense) and information for completion of these forms, correctly complete each form (Learning Experience III).
4. Given two case studies of Field Resource Persons providing various administrative services, critique the performance of each Resource Person (Learning Experience IV).

Prerequisites:

To complete this module you must be an identified master teacher. If you do not already have this competency, meet with your Resource Person to determine what method you will use to gain this skill.

Resources:

A list of outside resources, which supplement those contained within the module, follows. Check with your Resource Person to determine the availability and the location of these resources. Your Resource Person may also be contacted if you have any difficulty with directions, or in assessing your progress at any time.

LEARNING EXPERIENCE I

(Optional)

1. A Resource Person experienced in providing the essential administrative services for FB/CBVTE programs.

LEARNING EXPERIENCE II

(Optional)

1. A Resource Person having experience with the procedures for providing administrative services in FB/CBVTE programs.

LEARNING EXPERIENCE III

(Optional)

None

LEARNING EXPERIENCE IV

(Optional)

None

LEARNING EXPERIENCE V

(Required)

1. An actual FB/CBVTE situation in which you can provide administrative services.
2. A Resource Person to assess your performance in providing the various administrative support services.

LEARNING EXPERIENCE I

Enabling Objective

After completing the required reading, demonstrate a knowledge of the various administrative support services essential to the FB/CBVTE program.

Activity

You will be reading the information sheet, Administrative Services, pp. 7-9.

Optional Activity

You may wish to interview an experienced Resource Person concerning the administrative services essential to FB/CBVTE.

Activity

You will be demonstrating your knowledge of the administrative services essential to FB/CBVTE by completing the Self-Check, pp. 10-12.

Feedback

You will be evaluating your competency by comparing your completed Self-Check with the Model Answers, pp. 13-14.

Activity For information regarding the administrative services essential to FB/CBVTE, read the following information sheet.

ADMINISTRATIVE SERVICES

In the following paragraphs, the administrative services found to be essential to FB/CBVTE programs are discussed.

Tuition Remission

Tuition remission, often referred to as "funny money," is a means by which the university can provide non-monetary reimbursement to an individual for services rendered to the university.

In FB/CBVTE, tuition remission is rewarded to Field Resource Persons (FRPs) and Resident Resource Persons (RRPs) under the following circumstances.

1. Field Resource Persons are eligible to receive tuition remission of up to one half of the cost for six semester hours per semester.
2. Resident Resource Persons are eligible for tuition remission when the learners he/she services (maximum of three) complete a cumulative total of 18 modules successfully. Then he/she can receive up to 4 credits (undergraduate) or 3 credits (graduate) of tuition remission with Temple University.

Tuition remission must be utilized by including it, as partial or full payment, in a registration packet when registering. It should be noted that the tuition remission is good only for the academic year designated on the form and may not be assigned to anyone but the person who earned it.

Veteran's Administration (V.A.) Benefits

At registration, the Resource Person routinely encounters a registrant seeking V.A. benefits. Although the Resource Person is not instrumental in the actual processing of V.A. forms, he/she is responsible for providing the individual with the correct information concerning registering as a veteran, the V.A. forms, and/or instructions as to where the completed forms should be forwarded for correct processing.

Change of Grade

When a learner receives an incomplete for program work in one semester, he/she must register and audit the incomplete work the next semester, so as to fulfill incomplete program requirements. When work is completed, a change of grade form must be submitted for the learner. Changing a grade is the responsibility of the Field Resource Person presently servicing the learner.

Travel Reimbursement

Field Resource Persons are reimbursed $.17 per mile traveled in order to service assigned learners. Turnpike tolls are also reimbursed when receipts are provided. A maximum stipend of $3.00 per day is allowed for lunch, providing the lunch contributes to servicing learners. A $5.00 accident insurance reimbursement can be claimed monthly.

Special reimbursement for dinner, in the occasion that the Resource Person serviced learners after school, i.e., group meetings, is available. Should it be necessary to seek lodging, i.e., due to inclement weather while providing service, the Resource Person may seek special reimbursement. These special reimbursements must be accompanied by receipts.

It should be noted that no form of reimbursement can be claimed when coming to the university on the scheduled day for staff business meetings and seminar.

Secure Resident Resource Personnel

Securing Resident Resource Persons becomes the responsibility of the Field Resource Person. The reason for this is that the Field Resource Person is in constant contact with the school and its instructors. This places the FRP in the best position to decide who might best function as a Resident Resource Person in a given situation.

The number of Resident Resource Persons needed in a school will vary according to the number of learners served. One RRP should serve no more than three learners at one time. Careful selection and assignment of the RRP is of utmost importance to learner success in FB/CBVTE programs.

Collect Data for Yearly Program Evaluation

Collecting data for a yearly program evaluation is an administrative service for which the Field Resource Person is responsible, in FB/CBVTE programs. Such data is viewed as input to be utilized in assessing various components of the program. This feedback is instrumental when considering program modification. Data from all members of the differentiated staff must be collected in this program evaluation. A 100% return is desired. The Field Resource Person is responsible for reaching all Resident Resource Persons and learners that he/she served throughout the year.

Optional Activity

You may wish to gain additional insight into the administrative services in FB/CBVTE programs by interviewing an experienced Field Resource Person concerning the provision of administrative services. Your Resource Person will be able to help you schedule such an interview, if desired.

Activity

The following items check your comprehension of the material in the information sheet, Administrative Services, pp. 7-9. Each item will require a short essay-type response. Please respond fully, but briefly.

SELF-CHECK

1. In your own words, discuss tuition remission.

2. Provide the Resource Person responsibilities concerning V.A. benefits.

3. Describe the circumstances which lead to a Resource Person having to change a learner's grade.

4. In your own words, discuss travel reimbursement.

5. Provide the rationale for the Field Resource Person's responsibility of securing Resident Resource Persons.

6. Provide the rationale for conducting the yearly program evaluation.

Feedback

Compare your written responses on the Self-Check with the Model Answers given below. Your responses need not exactly duplicate the model responses; however, you should have covered the same major points.

MODEL ANSWER

1. Tuition Remission, "funny money," is a non-monetary reward to individuals for their service to the University. A FRP is eligible for tuition remission of one half of the cost of six semester hours per semester. A RRP is eligible for tuition remission once the learners they are servicing complete a combined total of 18 modules successfully.
2. The Resource Person is responsible to:
   - provide the individual with the correct information for registering as a veteran.
   - provide the essential V.A. forms.
   - provide instruction as to where these completed forms should be forwarded for processing.
3. When a learner is incomplete for previous program work, he/she must register and audit the incomplete work in order to be eligible to complete the work. Once the incomplete program requirements have been fulfilled, the change of grade is completed by the Resource Person.
4. Travel Reimbursement is a monetary reimbursement of debts incurred by a Field Resource Person while providing service to assigned learners. Following are reimbursements which can be claimed:
   - $.17/mile traveled
   - turnpike tolls - accompanied by receipts
   - $3.00/day (maximum) for lunch

- $5.00/month - accident insurance
- special reimbursements - accompanied by receipts

  dinner - when servicing learners after school

  lodging - for unforeseen instances while servicing learners (i.e.,) inclement weather.

5. The Field Resource Person is in constant contact with the school and its instructors; therefore, he/she is in the best possible position to make a decision as to who could best service learners in given situations.
6. The yearly program evaluation is conducted to gather data from all individuals involved in the program, in order to seek input which is essential in the assessment of all aspects of the program and necessary for program modification.

LEVEL OF PERFORMANCE: Your completed Self-Check should have covered the same major points as the Model Answers. If you missed some points or have questions about any additional points you made, review the material in the information sheet, Administrative Services, pp. 7-10, or check with your Resource Person.

LEARNING EXPERIENCE II

Enabling Objective

After completing the required reading, demonstrate a knowledge of the procedures followed in providing the various support services utilized in FB/CBVTE programs.

Activity

You will be reading the information sheet, Procedures for Providing Administrative Services, pp. 16-37.

Optional Activity

You may wish to interview an experienced Resource Person concerning the procedures for providing administrative services.

Activity

You will be demonstrating your knowledge of the procedures for providing administrative services by completing the Self-Check, pp. 38-40.

Feedback

You will be evaluating your competency by comparing your completed Self-Check with the Model Answers, pp. 41-43.

Activity For information regarding the procedures for providing administrative services, read the following information sheet.

PROCEDURES FOR PROVIDING ADMINISTRATIVE SERVICES

Following are the procedures that a Resource Person must follow in order to provide the administrative services essential to FB/CBVTE programs.

Procure Tuition Remission

Although the tuition remission forms for Field Resource Persons and Resident Resource Persons are identical, different procedures for obtaining and processing the forms exist.

The FRP wishing tuition remission:

1. Secures the tuition remission form from the program secretary.
2. Correctly completes the information desired.
3. Presents the completed form to the department Chairperson, for a signature.
4. Presents the completed form to the Business Manager of the College of Education, for a signature.
5. Returns the completed form to the program secretary where she retains a copy for department records.
6. Presents the completed and signed form at registration.

Following is a completed tuition remission form for a Field Resource Person to present at registration.

TEMPLE UNIVERSITY
OF THE COMMONWEALTH SYSTEM OF HIGHER EDUCATION
◇
TUITION REMISSION

This TUITION REMISSION form, when properly completed and authorized can be used like cash to pay your Tuition Invoice at the Bursar's Office (in person or by mail).

This form is like a check payable to you. Treat it with care.

This REMISSION is for only one semester/session.

A new form must be submitted for the next semester.

STUDENT

SEMESTER	School Year	Student's Social Sec. No.	Student's Name
☒ FALL ☐ SPRING ☐ 1st Summer ☐ 2nd Summer ☐ 3rd Summer	79	185-42-9087	Richard Beame

School						THIS SEMESTER	
						Credit Hours	Invoice Amount
Education	☐ Undergrad. ☒ Grad. ☐ Prof. ☐ Uncl.	☒ Pa. Resident ☐ Non-Pa. Resident	☐ Day ☒ Evening	☐ Full Time ☒ Part Time	☒ Matriculating ☐ Non-Matriculating	6	$ 450

BENEFIT

STUDENT IS:

Employee entitled to ☒ half remission ☐ full remission up to 6 semester hours (405-150-16)

☐ Spouse entitled to half remission of normal course load (405-150-09)

☐ Child entitled to full remission

Social Sec. No.	Name
☐ Parent is : ☐ Spouse is :	

Employee's Dept.

Authorizing Signature: Amos C Rivell

Date: 9/22/79

REMISSION

PROGRAM	ACCOUNT NO.	AMOUNT
☐ GRADUATE TUITION SCHOLARSHIP	405 155 05	
☐ UNIVERSITY FELLOWSHIP	405 155 06	FULL
☐ GRADUATE ASSISTANTSHIP		
☐ SUMMER FELLOWSHIP	405 155 07	FULL
☐ ASSOCIATESHIP		FULL Limit 6 Grad.
☐ READERSHIP	405 018 06	
☐ EDUCATION STD. TEACH. SUPVR.	405 019 07	FULL 3 Grad. 4 Under-Grad.
☐ SOC. ADM. FIELD INSTRUCTION	405 004 01	ONE-HALF 3 Grad. 4 Under-Grad.
☐ LAW	405 014 01	
Other: ☐		

DESCRIPTION OF PROGRAM

Principal/Supervisor — Date

Amount (as written on a check)

Authorizing Signature: Fred C Bloom

DO NOT WRITE BELOW

Verification	Student Accounting	Bursar

1-4	5-13	14-17	18-21		38-39	40	41-46	
Semester	Social Security No.	Last Name	Date		Type	Act.	Amount	

1	4-8	9-10	11-30	38-50	51-57
	Date		Name	Account No.	
4		06	⊬ ⊬ TUIT	27700	

TO BURSAR WITH TUITION INVOICE 19

The Resident Resource Person seeking tuition remission for services must proceed through the Field Resource Person serving his/her school. The RRP initially makes his/her request known and the FRP follows by:

1. Checking VITAL MIS, Module Completion Forms, or personal records (located at the university) to justify the rewarding of the tuition remission.
2. Obtaining an Authorization Card from the Program VITAL coordinator.
3. Returning this card to the RRP for completion.
4. Checking that the card is completed properly.
5. Returning the Authorization Card to the Dean's Office in the College of Education where the actual tuition remission form will be completed and a copy (along with the Authorization Card) will be retained for records.
6. Returning the completed tuition remission form to the RRP.
7. Instructing the RRP to present it at registration.

Following is a sample of a correctly completed Authorization Card for a RRP seeking tuition remission.

COLLEGE OF EDUCATION - AUTHORIZATION CARD - TEMPLE UNIVERSITY

NAME John Martin SOCIAL SECURITY NUMBER 609-42-8317
HOME ADDRESS 16 South St. CITY Phila STATE PA ZIP 17673 PHONE 215-861-2391

SCHOOL IN WHICH YOU WORKED OR ARE WORKING AS A COOPERATING TEACHER:

Philadelphia Vocational Technical

PLEASE INDICATE THE SEMESTER IN WHICH YOU ARE USING THIS AUTHORIZATION CARD:
FALL, 19 79, SPRING, 19___,
1st SUMMER SESSION, 19___, 2nd SUMMER SESSION, 19___ 3rd SUMMER SESSION, 19___

IE. 311 GRADUATE OR (UNDERGRADUATE) CREDIT
NAME OF COURSE & NUMBER NUMBER OF S.H. PLEASE CIRCLE

Sample Not To Be Used

PLEASE INDICATE THE TEACHER TRAINING PROGRAM YOU WORKED WITH OR ARE WORKING WITH:

VITAL

THIS CARD IS VALID FALL, 1979 THROUGH 3RD SUMMER SESSION, 1980

I CERTIFY THAT THE ABOVE COOPERATING TEACHER IS ELIGIBLE AND WILL USE A FREE TUITION REMISSION FORM FOR THE SPECIFIED SEMESTER MARKED.

Mr John Jones DATE 9/20/79
SIGNATURE OF PRINCIPAL

IMPORTANT!! PLEASE READ THE INSTRUCTIONS ON THE REVERSE SIDE OF THIS CARD.

Process Veterans Administration (V.A.) Forms

In the instance when a Resource Person encounters a registrant seeking V.A. benefits, he/she should:

1. Instruct the learner to indicate veteran on the advisement record contained within the registration packet.
2. Instruct the learner to indicate veteran on the outside cover of the registration packet.
3. Provide Veteran's Roster Cards and Veteran's Applications for Educational Benefits forms, if needed.
4. Instruct veterans to contact the Veterans Affairs Office, Mitten Hall, Temple University, for further information.

Following are samples of the Veteran's Roster Card and the Veteran's Application for educational benefits.

VETERANS ROSTER CARD

V.A. FILE NUMBER _____ SESSION AND YEAR _____ GRAD. YEAR _____

LAST NAME _____ FIRST _____ MIDDLE _____

ADDRESS _____ ZIP CODE _____ COLLEGE IN WHICH REGISTERED _____

CITY _____ PHONE # _____ DEGREE SOUGHT _____

NAME OF COURSE	COURSE #	SEM. HRS.

EACH TIME YOU REGISTER IN TEMPLE UNIVERSITY -- YOU MUST NOTIFY TEMPLE UNIVERSITY'S VETERAN OFFICE THAT YOU ARE ATTENDING SCHOOL AND THE COURSES FOR WHICH YOU ARE REGISTERED.

VETERAN'S APPLICATION FOR EDUCATIONAL BENEFITS

(Under Chapter 34, Title 38, U.S.C. - For Service Beginning Prior to January 1, 1977)

INFORMATION AND INSTRUCTIONS

How to Apply For Benefits

1. GENERAL: Read this Information and Instructions sheet carefully and then complete Items 1 through 26B on the application fully and accurately. Show "N/A" (not applicable) where appropriate.

2. SERVICE VERIFICATION: Attach a copy of your DD 214 or other Armed Forces separation papers to this application. Failure to do so may delay processing of your application while the VA verifies your service. *NOTE: If you plan to attend school while on active duty, do not use this form. Instead, complete VA Form 22-1990a, Serviceperson's Application For Educational Benefits.*

3. COUNSELING: Vocational-educational counseling from VA professionally qualified counselors is available to you. Counseling can help you assess your abilities and interests, learn about opportunities in different fields of work, and determine the kind of training and work which will best meet your needs and desires. There is no charge for counseling, but any necessary travel will be at your expense. You may request a vocational counseling appointment by entering "yes" in the box in Item 16 on the application.

(a) If you wish counseling before you select your school or training establishment, send this application directly to the nearest VA regional office.

(b) If you have already enrolled, you may still receive counseling, but your application should be taken to the school or training establishment for completion of the Enrollment Certification prior to forwarding to the VA.

4. ENROLLMENT CERTIFICATION: If you have selected a school or training establishment, have them complete the Enrollment Certification attached to this application. The entire package should then be sent to the nearest VA regional office.

5. ADVANCE PAYMENT: You may receive an advance payment for the initial month or partial month of your training plus the following month if: (a) You enroll in a school course on at least a half-time basis; (b) Your school agrees to process the advance payment; (c) You request advance payment by completing Items 16B and 16C on the Enrollment Certification portion of this application (your school must complete all other items on the Enrollment Certification); and (d) Your application is received by the VA at least 30 days in advance of registration. Advance payment checks are mailed to the school for delivery to you upon registration but no earlier than 30 days before classes begin.

General Information

6. ELIGIBILITY: You may be eligible to receive benefits if you served on active duty for a period of more than 180 days, any part of which occurred after January 31, 1955, and before January 1, 1977. You may also be eligible if: (a) You contracted with the Armed Forces prior to January 1, 1977 under a delayed entry program (such as the Delayed Enlistment Program) and your active service began within 1 year after January 1, 1977 and was for a period of more than 180 days; or if (b) You served during either of the periods indicated above for less than 181 days but were discharged for service-connected disability. Discharge or release under conditions other than dishonorable is also a requirement.

7. DELIMITING DATE: You must complete your program within 10 years after your last discharge from active duty after January 31, 1955, but in no event later than December 31, 1989.

8. ELIGIBILITY FOR VOCATIONAL REHABILITATION: If you have a service-connected disability of 10 percent or more, you may be entitled to vocational rehabilitation under chapter 31, Title 38, U.S.C., which usually provides more favorable benefits. Use VA Form 22-1900, Disabled Veterans Application For Vocational Rehabilitation, to apply for chapter 31 benefits.

9. ENTITLEMENT: You will generally receive 1-1/2 months of entitlement for each month or fraction of a month served on active duty after January 31, 1955, up to a maximum of 45 months. If you had 18 months of continuous service, you will receive the maximum of 45 months of entitlement.

10. EDUCATIONAL ASSISTANCE ALLOWANCE: The law grants you a monthly allowance to help you meet in part the cost of your subsistence, tuition, fees, books, supplies and other costs of the course. The amount of educational assistance allowance will be based on your rate of training and, if half-time or more, on the number of your dependents. Checks will normally be issued at the first of each month for the preceding month's training, except for advance payment checks which are issued at the time of registration.

You will generally be paid through a break period of less than a calendar month between terms unless you request otherwise. If you wish to conserve entitlement by not receiving benefits during these intervals you should notify the VA. Students enrolled in a course not leading to a standard college degree will have their payments reduced for any excessive absences (i.e., absences in excess of 30, based on attendance of 5 days per week over a 12-month period).

11. SCHOOLS AND TRAINING ESTABLISHMENTS YOU MAY ATTEND: You may attend elementary schools, high schools, vocational or technical schools, business colleges, colleges and universities, correspondence schools and flight schools which have been approved by the State approving agency. Benefits are also payable while you are in training in an approved apprenticeship, on-the-job training, or cooperative farm training program.

12. HIGH SCHOOL COURSES: If you do not have a high school diploma or the equivalent or you need review or remedial courses to qualify for admission for a degree or vocational program, you may receive benefits without charge to your entitlement.

13. HOME STUDY COURSES: If you are considering enrolling in a home study course or combination correspondence-residence course, be sure the field is suitable to your abilities and interests before you sign a contract with the school. Information on home study courses is available at the nearest U.S. Veterans Assistance Center (USVAC) or VA

regional office. VA counseling is available to you upon request. You may wish to further consider your decison or get help from a VA counselor before signing a contract which may require you to pay for all or the majority of the course even though you complete only a portion of it.
NOTE: The law provides that a contract for enrollment in a home study course must be affirmed by the student more than 10 days following the date the contract was signed, for example, if the contract is dated on the 1st of a month, the affirmation must be dated on or after the 12th. No payments of educational assistance allowance will be authorized by the VA for any lessons serviced by the school prior to the date of affirmation of the contract. If you decide not to enroll in a correspondence course after signing a contract but before signing the affirmation, you are entitled to receive a full refund from the school of any payment made for the course.

14. FLIGHT TRAINING COURSES: If you are considering enrolling in a flight training program you must have a valid private pilot's license in order to receive VA benefits. In addition, you must have the required Medical Certificate which must be kept current throughout your course.
NOTE: A second-class medical certificate is required for all courses for which VA benefits are payable with the exception of the Airline Transportation Pilot course which requires a first-class medical certificate. A second-class medical certificate expires on the last day of the 12th month after the month of the examination date shown on the certificate. A first-class medical certificate expires on the last day of the sixth month after the month of the examination. You will not be entitled to VA benefits for any flight training pursued when either condition is not met.

15. RESTRICTIONS:

(a) You may receive benefits only for courses approved for veterans by the State approving agency.

(b) You may receive benefits only for courses leading to an educational, professional or vocational objective for which you are not already qualified.

(c) You may not receive benefits for courses which you have previously taken and successfully completed. (Exceptions: (1) You may take up to 6 months of refresher training to allow you to keep abreast of technological advances that have occurred in your field of employment during and since the period of your active military service. (2) You may take refresher courses which are required to receive a high school diploma if you do not have a high school diploma or equivalency certificate. (3) You may take refresher courses required for admission to a college or other school.)

(d) The law prohibits the approval of a program for a recreational or an avocational purpose, such as dancing.

(e) Courses in bartending or personality development are prohibited by law.

(f) The law prohibits payment for any course or courses which are paid for in whole or in part by the United States under the Government Employees Training Act during any period that full salary is being paid to you as an employee of the United States.

(g) The law prohibits a school from cashing your checks under a power of attorney from you.

(h) The law prohibits payment for auditing a course or payment for any course for which the grade assigned is not used in computing requirements for graduation.

16. CHANGE OF PROGRAM: You may change your program one time without counseling, provided your progress and conduct have been satisfactory. A change of program is a change in your educational, professional or vocational objective. Additional changes may be approved only after VA counseling. You should plan your program carefully so that not more than one change is required.

17. CHANGES IN YOUR ENROLLMENT: You and your school must inform the VA of any changes in your enrollment that would affect benefits. If you reduce your course load or withdraw from all courses, benefits will ordinarily be reduced or discontinued from the beginning of the term unless mitigating circumstances are shown. You will generally be held responsible for any overpayments resulting from changes in your enrollment.

18. CHANGES TO BE REPORTED TO THE VA: It is most important that you promptly inform the VA of any change in your address or in the number of your dependents. You should promptly notify your school of any change in your enrollment so that they can make the required report to the VA.

19. UNSATISFACTORY PROGRESS OR CONDUCT: Benefits will be discontinued if you fail to maintain satisfactory progress or conduct. Resumption of benefits may be authorized if it is determined through counseling that the cause for the unsatisfactory progress or conduct has been removed and that the program selected is suitable to your aptitudes, interests, and abilities.

20. FURTHER ASSISTANCE: If you need assistance to complete this application form or if you require further information, contact the nearest VA regional office or the Vet Rep on Campus. Additional VA educational benefits for which you may apply are tutorial assistance, education loan, or a work-study position.

NOTE: PLEASE REMOVE CARBON SHEETS BEFORE COMPLETING THE REVERSE OF THE APPLICATION. RETAIN THIS INFORMATION AND INSTRUCTIONS SHEET FOR FUTURE REFERENCE.

PRIVACY ACT INFORMATION

No benefits may be paid unless a completed application form has been received (38 U.S.C. 1671). The information requested on this form is necessary to determine your eligibility to the benefits for which you are applying. The responses which are submitted may be disclosed outside the Veterans Administration as permitted by law.

VETERANS ADMINISTRATION

VETERAN'S APPLICATION FOR EDUCATIONAL BENEFITS

(Under Chapter 34, Title 38, U.S.C. - For Service Beginning Prior to January 1, 1977)

1. VA FILE NO. (If known) C-

PAYEE NO. 00

IMPORTANT - Read the INFORMATION AND INSTRUCTIONS before completing this form. Type or print answers in ink. If additional space is required, attach separate sheets and key answers to Item numbers. BE SURE TO REMOVE CARBON PAPER BETWEEN SHEETS BEFORE COMPLETING REVERSE OF THE FORM.

2. VA OFFICE WHERE RECORDS ARE LOCATED (If known)

3. NAME OF APPLICANT (First, middle, last)

4. SOCIAL SECURITY NO.

5. SEX ☐ MALE ☐ FEMALE

6. MAILING ADDRESS (Number and street or rural route, city or P.O. and State)

7. ZIP CODE

8. DATE OF BIRTH

9A. HOME TELEPHONE NO. (Include area code)

9B. WORK TELEPHONE NO. (Include area code)

10. VETERANS ADMINISTRATION BENEFITS PREVIOUSLY APPLIED FOR

A. EDUCATION OR TRAINING BASED ON
- ☐ WW II SERVICE
- ☐ KOREAN CONFLICT SERVICE
- ☐ VIETNAM ERA SERVICE

B. ☐ WAR ORPHANS OR DEPENDENTS EDUCATIONAL ASSISTANCE (Complete I and J also)

C. ☐ VOCATIONAL REHABILITATION

D. ☐ DISABILITY COMPENSATION OR PENSION

E. ☐ HOSPITALIZATION OR MEDICAL CARE

F. ☐ DENTAL OR OUTPATIENT TREATMENT

G. ☐ NONE

H. ☐ OTHER (Specify)

COMPLETE ONLY IF BOX 9 IS CHECKED ▶

I. NAME OF PARENT

J. PARENT'S FILE NUMBER

NOTE: Complete Items 11A through 11F for all periods of service and attach a copy of your DD 214. If you do not have your DD 214 or other separation papers, check (√) ☐

DATE ENTERED ACTIVE DUTY 11A	DATE SEPARATED FROM ACTIVE DUTY 11B	TYPE OF SEPARATION OR DISCHARGE 11C	SERVICE NUMBER (Prefix and suffix) 11D	BRANCH OF SERVICE 11E	GRADE OR RANK AT SEPARATION OR DISCHARGE 11F

PRESENT MILITARY STATUS

11G. TERMINAL DATE OF RESERVE OBLIGATION

11H. IF ON RETIRED STATUS
- ☐ PAY STATUS
- ☐ NONPAY STATUS
- ☐ MEMBER TEMPORARY DISABILITY RETIRED LIST

COMPLETE ONLY IF SERVICE BEGAN AFTER DEC 31, 1976 ▶

11I. DID YOU ENLIST BEFORE JAN 1, 1977 UNDER A DELAYED ENTRY PROGRAM?
☐ YES ☐ NO

12. MILITARY EDUCATION AND TRAINING

SERVICE ACADEMIES
A. NAME OF ACADEMY
- ☐ USMA - WEST POINT
- ☐ USCGA - NEW LONDON
- ☐ USNA - ANNAPOLIS
- ☐ USAFA - COLORADO SPRINGS

B. DATES ATTENDED: FROM / TO
C. DEGREE RECEIVED

OTHER SERVICE SCHOOLS
D. NAME AND ADDRESS OF SCHOOLS
E. DESCRIPTION OF SUBJECTS COVERED
F. DATES ATTENDED: FROM / TO
G. QUALIFICATION OR RATING ATTAINED AT END OF TRAINING

CIVILIAN SCHOOL ASSIGNED AS PART OF MILITARY DUTY
H. NAME AND ADDRESS OF SCHOOL
I. DATES ATTENDED: FROM / TO
J. DEGREE RECEIVED

13. CIVILIAN EDUCATION

A. GIVE HIGHEST GRADE COMPLETED	B. IF YOU DID NOT GRADUATE, DO YOU HAVE A HIGH SCHOOL EQUIVALENCY DIPLOMA? ☐ YES ☐ NO (If "Yes," complete 13C)	C. DATE OF EQUIVALENCY DIPLOMA	D. NAME AND ADDRESS OF HIGH SCHOOL OR INSTITUTION GRANTING EQUIVALENCY DIPLOMA

E. NAME OF COLLEGE OR OTHER SCHOOL, CITY, STATE AND ZIP CODE	DATES ATTENDED FROM	DATES ATTENDED TO	CREDIT HOURS SEMESTER	CREDIT HOURS QUARTER	DEGREE OR CERTIFICATE RECEIVED	NAME OR DESCRIPTION OF COURSE

F. NAME OF APPRENTICESHIP OR OTHER ON-THE-JOB TRAINING COURSE

G. DATES OF TRAINING FROM / TO

H. PLACE OF TRAINING

I. HAVE YOU EVER HELD A LICENSE TO PRACTICE A PROFESSION OR JOURNEYMAN RATING TO WORK AT A TRADE? (Examples: electrician, radio operator, teacher, lawyer, CPA, bricklayer, FAA Certificate, etc.)
☐ YES ☐ NO (If "Yes," complete Items 13J and 13K)

J. NAME OF LICENSE OR JOURNEYMAN RATING

K. STATE IN WHICH HELD

14A. PRINCIPAL OCCUPATION BEFORE ENTERING MILITARY SERVICE	14B. NO. OF MONTHS EMPLOYED IN THAT OCCUPATION	14C. PRINCIPAL OCCUPATION AFTER LEAVING MILITARY SERVICE	14D. NO. OF MONTHS EMPLOYED IN THAT OCCUPATION

15. IF YOU ARE APPLYING FOR A VOCATIONAL FLIGHT COURSE, COMPLETE A AND B BELOW.

A. PREVIOUS AVIATION EXPERIENCE		B. FAA CERTIFICATES AND RATINGS
AIRCRAFT MODEL		
HOURS		

PROGRAM OF EDUCATION AND ENROLLMENT INFORMATION

16. IF YOU WANT PROFESSIONAL COUNSELING TO HELP YOU PLAN YOUR EDUCATIONAL OR VOCATIONAL PROGRAM WRITE "YES" IN THE BOX PROVIDED AND A COUNSELING APPOINTMENT WILL BE ARRANGED. YOU WILL BE NOTIFIED OF THE TIME AND PLACE. ▶

17A. IF YOU KNOW THE PROGRAM YOU WANT, WHAT IS THE FINAL EDUCATIONAL, PROFESSIONAL OR VOCATIONAL GOAL YOU PLAN TO REACH THROUGH THE PROGRAM FOR WHICH YOU ARE APPLYING? *(Highest degree or occupation)*

17B. IF YOU HAVE SELECTED YOUR PROGRAM, DESCRIBE THE COURSE YOU WILL BE TAKING *(List each diploma and degree or vocational course)*

17C. EDUCATION FOR TRAINING WILL BE BY

☐ SCHOOL ATTENDANCE ☐ FLIGHT TRAINING
☐ CORRESPONDENCE ☐ FARM COOPERATIVE
☐ APPRENTICE OR ON-THE-JOB

17D. NAME AND ADDRESS OF SCHOOL OR TRAINING ESTABLISHMENT

18. DATE YOUR PROGRAM WILL BEGIN *(Month, day, year)*

19. IF YOU ARE AN EMPLOYEE OF THE UNITED STATES GOVERNMENT, DO YOU EXPECT TO RECEIVE NON-VA EDUCATIONAL BENEFITS UNDER THE GOVERNMENT EMPLOYEES TRAINING ACT FOR ANY COURSE OR COURSES DURING THIS PERIOD OF EDUCATION?

☐ YES ☐ NO *(If "Yes," furnish details on separate sheet)*

20. DO YOU PLAN TO TAKE ANY REFRESHER COURSES?

☐ YES ☐ NO *(If "Yes," list refresher course(s) by name and number and give your reasons for needing such training on a separate sheet)*

MARITAL STATUS AND DEPENDENCY INFORMATION *(Submit marriage certificate if either was married before)*

21A. MARITAL STATUS *(Check one)*

☐ NEVER MARRIED ☐ WIDOWED
☐ MARRIED ☐ DIVORCED

21B. WAS YOUR CURRENT MARRIAGE PERFORMED BY

☐ CLERGYMAN OR AUTHORIZED PUBLIC OFFICIAL
☐ OTHER *(Explain)*

21C. NO. OF TIMES YOU HAVE BEEN MARRIED

21D. NO. OF TIMES YOUR PRESENT SPOUSE HAS BEEN MARRIED

21E. PRESENT ADDRESS OF SPOUSE

	TO WHOM MARRIED (A)	DATE AND PLACE OF MARRIAGE (B)	HOW MARRIAGE TERMINATED *(Death, divorce)* (C)	DATE AND PLACE OF TERMINATION (D)
22. YOUR PRESENT MARRIAGE AND ANY PREVIOUS MARRIAGES				
23. PREVIOUS MARRIAGES OF YOUR PRESENT SPOUSE				

DEPENDENT CHILDREN—List each of your living unmarried children who is: (A) under 18 years of age, or (B) over 18 and under 23 years and attending school or (C) a child of any age who became permanently incapable of self-support due to physical or mental illness before age 18. If you have more than four children, list additional children on a separate sheet. *(NOTE: A certified copy of the public or church record of birth or court record of adoption is required if the child is adopted, a stepchild or illegitimate child.)*

24A. FULL NAME OF CHILD	24B. DATE OF BIRTH *(Mo., day, year)*	24C. PLACE OF BIRTH	24D. NAME AND ADDRESS OF PERSON HAVING CUSTODY OF CHILD

NOTE – Please identify in Items 24E and 24F any child named above who is over 18 years old and is attending school or is permanently incapable of self-support.

24E. NAME OF CHILD OVER 18 YEARS

24F. STATUS OF CHILD

☐ PERMANENTLY INCAPABLE OF SELF-SUPPORT
☐ ATTENDING SCHOOL *(If checked, submit VA Form 21-674)*

25A. ARE EITHER YOUR FATHER OR MOTHER DEPENDENT ON YOU FOR SUPPORT?

☐ YES ☐ NO *(If "Yes," answer Item 25B and submit VA Form 21-509)*

25B. NAME AND ADDRESS OF DEPENDENT PARENT(S)

I HEREBY CERTIFY THAT all statements herein are true and complete to the best of my knowledge and belief, and I herewith apply for a program of education, or training under Chapter 34, Title 38, USC. I authorize release of school and testing records to the VA for use in counseling me and supervising my program of education and training.

26A. DATE SIGNED

26B. SIGNATURE OF VETERAN *(Do NOT print)*
SIGN HERE IN INK ▶

PENALTY – Willful false statements as to a material fact in a claim for education is a punishable offense and may result in fine or imprisonment or both.

VETERANS ADMINISTRATION

ENROLLMENT CERTIFICATION

(Under Chapter 34, Title 38, United States Code)

1A. VA FILE NO.

C-

IMPORTANT – INSTRUCTIONS TO SCHOOLS AND TRAINING ESTABLISHMENTS: Complete both copies of this Enrollment Certification. Send the VA copy (copy 3) to the VA with the veteran's application and DD 214. Retain the school copy (copy 4) for your records.

1B. VA OFFICE WHERE RECORDS ARE LOCATED *(If known)*

2A. NAME OF STUDENT OR TRAINEE *(First, middle, last)*	2B. SOCIAL SECURITY NO.	3. SEX ☐ MALE ☐ FEMALE
4A. MAILING ADDRESS *(Number and street or rural route, city or P.O. and State)*	4B. ZIP CODE / 5. DATE OF BIRTH	6A. HOME TELEPHONE NO. *(Include area code)* / 6B. WORK TELEPHONE NO. *(Include area code)*

GENERAL INFORMATION

IMPORTANT: In Item 7 below, check the type of course being certified and complete other indicated items if they apply. Always complete Items 18A thru 18C after reading the Certifications on reverse.

7. TYPE OF COURSE

- ☐ UNDERGRADUATE STANDARD COLLEGE DEGREE *(Complete Items 8-11, 13 and 16)*
- ☐ GRADUATE OR ADVANCED PROFESSIONAL DEGREE *(Complete Items 8-14 and 16) (For residencies and internships, enter clock hours in Item 12.)*
- ☐ COURSE NOT LEADING TO A STANDARD COLLEGE DEGREE *(NCD) (If approved on a clock hour basis, complete Items 8-10 12, 13, 15 and 16; If approved on a credit hour basis, complete Items 8-11, 13, 15 and 16)*
- ☐ COOPERATIVE COURSE *(Not Farm) (Complete Items 8-12, 15 and 16)*
- ☐ FARM COOPERATIVE *(Complete Items 8-10, 12 and 13)*
- ☐ CORRESPONDENCE COURSE *(Complete Items 8 and 20)*
- ☐ FLIGHT TRAINING *(Complete Items 8 and 19)*
- ☐ APPRENTICE/ON-THE-JOB TRAINING *(Complete Items 8 &21)*

8. NAME OF CURRENT COURSE OR OBJECTIVE

9. CREDIT ALLOWED FOR PREVIOUS TRAINING OR EXPERIENCE

ENROLLMENT DATA

10. ENROLLMENT EFFECTIVE DATE *(Month, day, year)*		11. CREDIT HOUR LOAD *(For courses approved on a credit hour basis)*				12. CLOCK HOUR LOAD	13. CHARGES FOR PERIOD OF INSTRUCTION		14. TRAINING TIME GRADUATE OR ADVANCED PROFESSIONAL
SCHOOLS ON A TERM BASIS: *Enter period to be certified.* **SCHOOLS ON A YEAR-ROUND BASIS:** *Certify the length of the course.* **CO-OP (NOT FARM):** *Enter dates of attendance for each phase of instruction. (Identify phase as "classroom" or "On-job.")* **FOR IN-SERVICE OR LESS THAN 1/2 TIME STUDENTS:** *Certify one term at a time.*		*Enter number of credit hours for which credit may be given. (Residence instruction only.)*	*Enter number of standard class sessions per week (VAR 14200G) if less than Item 11A.*	*Enter credit equivalent of non-credit deficiency, remedial or refresher courses. (List courses in Item 22 "Remarks.")*	*Enter credit equivalent of independent study. (Show separate dates in Item 10.)*	*Enter clock hours of attendance per week for courses approved on a clock hour basis. For Co-op (not farm), enter clock hours per week of "On-job" attendance for each phase.*	*Complete only if:* *1 - Student enrolled for less than 1/2 time* *2 - Student in-service.* *3 - Student pursuing independent study.*		*Enter full time, 3/4 time, 1/2 time, more than 1/4 but less than 1/2 time, or 1/4 time or less.*
A. BEGINNING	B. ENDING	A. HOURS	B. HOURS	C. HOURS	D. HOURS	HOURS	A. TUITION	B. FEES	

15. ADDITIONAL INFORMATION FOR NCD AND FARM CO-OP

ALL NCD AND FARM CO-OP COURSES	HIGH SCHOOLS APPROVED ON A UNIT BASIS	FARM CO-OP ONLY	
A. CHECK DAYS OF ATTENDANCE ☐ M ☐ TU ☐ W ☐ TH ☐ F ☐ SAT	B. ENTER NUMBER OF HIGH SCHOOL UNITS FOR WHICH CURRENTLY ENROLLED:	C. IS STUDENT PURSUING THIS COURSE CONCURRENTLY WITH AGRICULTURAL EMPLOYMENT? ☐ YES ☐ NO	D. DOES STUDENT'S PERIOD OF ENROLLMENT INCLUDE PRESCHEDULED CLASSROOM INSTRUCTION? ☐ YES ☐ NO *(If "Yes," attach schedule of attendance for each prescheduled enrollment period or show in Item 22, "Remarks.")*

16. ADVANCE PAYMENT REQUEST

NOTE: To request ADVANCE PAYMENT, the student must either complete Items 16B and 16C or sign and date a separate request attached to this form. If the student qualifies, the advance payment check will be mailed to the school for delivery to the student.

A. ADVANCE PAYMENT ☐ *(Check box if advance payment is requested)*	*I REQUEST ADVANCE PAYMENT* ▶	B. SIGNATURE OF STUDENT	C. DATE

CERTIFICATIONS – *The provisions on the Reverse (Items (1) through (13) under "Certifications") are certified:*

NOTE: Complete Item 17 only if course(s) are contracted out to another school or are given at a branch location other than that shown in Item 18C. Do not complete Item 17 if course(s) are taken at an "additional facility" of a school as defined in VAR 14251(F).

17. NAME AND ADDRESS OF CONTRACT SCHOOL OR BRANCH LOCATION

18A. DATE SIGNED	18B. SIGNATURE AND TITLE OF CERTIFYING OFFICIAL	18C. NAME AND ADDRESS OF SCHOOL OR TRAINING ESTABLISHMENT

CAUTION: Willful false statements concerning matters in any document required by this law may subject the person to fine or imprisonment or both.

NOTE: REMOVE CARBON PAPER BEFORE COMPLETING THIS SIDE

19. VOCATIONAL FLIGHT TRAINING *(Chapters 32 and 34 only)*

A. CREDIT ALLOWED FOR PREVIOUS TRAINING *(Show rating(s) and/or number of hours of instruction)*				B. DATE TRAINING BEGAN IN CURRENT COURSE
RATING(S)	GROUND SCHOOL	DUAL	SOLO	

C. NUMBER OF HOURS/UNITS OF INSTRUCTION					D. TOTAL CHARGES
PRE FLIGHT	POST-FLIGHT	GROUND SCHOOL	DUAL	SOLO	
					$

20. CORRESPONDENCE COURSE *(Chapters 32, 34 and 35 (spouses and surviving spouses))*

IMPORTANT : VA Form 22-1999c, Certificate of Affirmation of Enrollment Agreement, MUST be signed by this student and accompany this certification form before payment may be authorized by the VA for a correspondence course.

A. CREDIT ALLOWED FOR PREVIOUS TRAINING AND EXPERIENCE

LESSONS

B. DATE FIRST LESSON SENT TO STUDENT	C. NUMBER OF LESSONS FOR WHICH STUDENT IS ENROLLED	D. CHARGE PER LESSON TO STUDENT	E. WERE ANY LESSONS SERVICED PRIOR TO DATE ENTERED IN ITEM 18A?
		$	☐ YES ☐ NO *(If "Yes," attach list showing lesson number and date serviced or show in Item 22, "Remarks.")*

21. APPRENTICE/ON-THE-JOB TRAINING *(Attach list showing monthly number of hours worked to date or show in Item 22, "Remarks.")*

IMPORTANT - A signed copy of the training agreement outlining the training program and wage scale as approved by the State approving agency, or for apprentices, any document signed by the trainee incorporating this agreement by reference, must be attached to this form.

A. CREDIT ALLOWED FOR PERVIOUS TRAINING AND EXPERIENCE

MONTHS

TRAINING DATES *(Month/day/year)*		D. TYPE OF TRAINING	E. NO. OF HOURS TRAINEE IS EMPLOYED PER WEEK IN THIS COURSE	F. NO. OF HOURS IN STANDARD WORK WEEK
B. BEGINNING	C. ENDING	☐ APPRENTICESHIP ☐ OTHER ON-THE-JOB	HRS.	HRS.

22. REMARKS *(Attach separate sheets if necessary and key answers to Item numbers.)*

CERTIFICATIONS – *Read Certifications below before completing Items 18A through 18C on front of this form.*

IT IS HEREBY CERTIFIED THAT: (1) The facts stated on this form are true and correct;

(2) The course or courses certified are approved by the State approving agency and are generally acceptable to meet requirements for the student's educational, professional or vocational objective;

(3) No course certified is a repetition of any course previously satisfactorily completed except as permitted by VA regulations;

(4) This institution holds no power of attorney agreement authorizing the institution to negotiate VA educational assistance checks;

(5) This institution agrees to report promptly to the VA any enrollment changes which will affect the educational assistance allowance and any change due to unsatisfactory progress and/or conduct; and

(6) That all such changes that have come to our attention have been reported to the VA if this student was previously enrolled at this school;

(7) FOR ENROLLMENTS REQUESTING ADVANCE PAYMENT: It is agreed that the initial check for this enrollment period will be mailed to the school for temporary care and delivery to the student upon registration but not earlier than 30 days before the commencement of training. It is understood that completion of a certificate of delivery card will normally be required upon delivery of the advance payment;

(8) FOR NONCREDIT DEFICIENCY, REMEDIAL OR REFRESHER COURSES: The courses certified are (a) required to receive a secondary school diploma or (b) necessary for the pursuit of a program of education for which the student would otherwise be eligible.

(9) FOR CORRESPONDENCE COURSES: The normal completion time for the correspondence course certified (includes the correspondence portion of a combination course leading to a vocational objective) is not less than 6 months;

(10) FOR FLIGHT TRAINING: Student has private pilot's license and copy of required Medical Certificate is on file in this institution;

(11) FOR ANY COURSE WITH A VOCATIONAL OBJECTIVE: As of the most recent report of employment, at least 50 percent of students who completed the course in the preceding 2-year period, and who were not unavailable for employment, had been employed in the vocational field for which trained;

(12) FOR TELEVISION COURSES: The courses included in this enrollment which are offered by open-circuit television constitute less than ½ of the total credit hours certified;

(13) FOR ENROLLMENTS UNDER CHAPTER 34: All of the 85-15 ratio requirements have been statisfied.

Change of Grade

When processing a change of grade for a learner, the Resource Person would:

1. Obtain a Change of Grade Form from the program secretary.
2. Correctly complete the form.
3. Record the semester the transaction took place on the reverse side of the stub portion of the form.
4. Present the form to the program secretary for processing.
5. Verify that the change of grade was recorded (by the secretary) on the class list.
6. Place a duplicate of the completed change of grade form in the learner's file folder.

Following is a correctly completed Change of Grade Form:

TEMPLE UNIVERSITY

OFFICE OF ACADEMIC RECORDS

SPECIAL GRADE CARD / CHANGE OF GRADE REQUEST

RECEIPT № 153357

464701 (STUDENT NUMBER) JENKINS (LAST NAME) JUDITH (FIRST NAME) L (M.I.)

164 32 0791 (SOC. SEC. NO.) STUDENTS COLLEGE Educ. STUDENTS CLASS: UNDERGRAD ■ GRAD □

IND ED (DEPT. NAME) 203 (COURSE NO.) 301 (SEC. NO.) 003 (CRED. HRS.)

COURSE TITLE Pedagogical Competence

GRADE REPORT OR CHANGE: OLD GRADE I NEW GRADE A

IF OLD GRADE IS OTHER THAN NONE, NR, OR I, NOTE REASON FOR CHANGE:

SEMESTER CHECK SESSION AND FILL IN YEAR

- [X] FALL 1979
- [ ] SPRING 19__
- [ ] 1. S.S. 19__
- [ ] 2. S.S. 19__
- [ ] 3. S.S. 19__

Patrick J. McClaine
INSTRUCTORS SIGNATURE

UNIVERSITY TELEPHONE EXTENSION 6012

SIGNATURE OF DEAN (REQUIRED FOR CHANGE OTHER THAN FROM NR OR I)

5/26/79
DATE

RECEIPT № 153357

CHANGE OF GRADE

Judith L. Jenkins
STUDENTS NAME

Ind. Ed. 203
COURSE DEPT. AND NO.
GRADE CHANGE

FROM I TO A

Patrick J. McClaine
INSTRUCTOR'S NAME

RECEIVED BY:

RECORDS STAFF SIGNATURE

06/26/79
DATE

T.U. OFFICE OF ACADEMIC RECORDS

FALL

1979

BACK

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Procure Travel Reimbursement

In order to claim travel reimbursement, the Field Resource Person must:

1. Obtain the necessary forms from the program secretary.
2. Complete and sign each form.
3. Submit receipts with the forms, if applicable.
4. Return the completed forms to the program secretary at the end of each month.

Following are completed samples of the monthly expense forms that a Field Resource Person must submit.

DEPARTMENT Vocational Education

Charles Raines
NAME

9/79
MONTH REPORTED

DATE	FROM	TO	MILEAGE
9/1, 8, 15, 22, 29	Buckingham	N. Montgo	64 x 5 = 320
9/2, 9, 16, 23, 30	Buckingham	E. Montgo	36 x 5 = 180
9/4, 11, 18, 25	Buckingham	Allentown	100 x 4 = 400
9/7, 14, 21, 28	Buckingham	Easton	90 x 4 = 360
			1260

will vary from yr. to yr.

COMMONWEALTH OF PENNSYLVANIA
DA 101 Rev 9-64

TRAVEL EXPENSE VOUCHER

VOUCHER No.

Name of Employee: Charles Raines
Title: Field Resource Person
Budget Program Code: 551-279-07-246
Check to be Mailed to:
Name of Department, Board or Commission: Vocational Education
For the Month of: Sept 19 79

Date of Month	From	To	PERS AUTO: No. of Miles	PUBLIC TRANSPORTATION: Initials of Carrier	Plane Railroad or Bus	Pullman	Auto & Taxi Hire	SUBSISTENCE: Room	Meals: Breakfast	Lunch	Dinner	MISCELLANEOUS EXPENSE: Paid for Tolls	Amount	Totals
9/1	Buckingham	N. Montgo	64							2 50				2 50
9/2	Buckingham	E. Montgo	36							3 00				3 00
9/4	Buckingham	Allentown	100							2 00				2 00
9/7	Buckingham	Easton	90							2 75				2 75
9/8	Buckingham	N. Montgo	64							3 00				3 00
9/9	Buckingham	E Montgo	36							2 25				2 25
9/18	Buckingham	Allentown	100							2 50				2 50
9/14	Buckingham	Easton	90							2 75				2 75
9/15	Buckingham	N. Montgo	64							3 00				3 00
9/16	Buckingham	E Montgo	36							3 00				3 00
9/18	Buckingham	Allentuwn	100							3 00				3 00
9/21	Buckingham	Easton	90							2 75				2 75
9/22	Buckingham	N. Montgo	64							2 25				2 25
9/23	Buckingham	E. Montgo	36							3 00				3 00
9/25	Buckingham	Allentown	100							2 50				2 50
9/28	Buckingham	Easton	90							2 75				2 75
9/29	Buckingham	N. Montgo	64							3 00				3 00
9/30	Buckingham	E. Montgo	36							2 75				2 75
														48 75
				Amount for Personal Auto - Copy from summary below - add										214 20
		TOTALS	1260											

Summary of Personal Auto Charges: 1260 Miles @ .17 = $ 214.30
_____ Miles @ _____ = $ _____
TOTAL $ _____

TOTAL — $ 262.95

I certify that I have personally examined this statement. The items of expense herein agree with reports of work performed which are on file in this office, and the amounts charged are not excessive.

I certify that the above expenses, services or materials were actually incurred, rendered or purchased in the fulfillment of my duties to the Commonwealth of Pennsylvania; that they do not include personal expenses and the information given on the reverse side of this statement is true and correct.

Charles Raines

TEMPLE UNIVERSITY
TRAVEL/EXPENSE REPORT

NAME	SCHOOL	DEPT	WEEK ENDING
Charles Raines	Ed.	Voc. Ed.	9/30/79

PURPOSE: School Visitation

DESTINATION	MODE OF TRAVEL	DEPARTURE DATE	RETURN DATE
Allentown, Easton, N. Montgo, E. Montgo	Auto		

ESTIMATE OF TOTAL EXPENSES	DISTRIBUTION	ACCOUNT NO	AMOUNT	ACCOUNT NO	AMOUNT
$			$		$

LIMITATIONS ON EXPENSES TO BE PAID	DEPARTMENT APPROVAL
$	

ADVANCE AMOUNT	AUTHORIZING SIGNATURE (BUDGET UNIT HEAD)	DATE
$ ☒ NONE		

SECTION I (Expense Break-Down See Back Of This Form For Instructions)

	DATES	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	TOTALS	
	AUTOMOBILE BUSINESS MILEAGE		7, 14, 21, 28	1, 8, 15, 22, 29	2, 9, 16, 23, 30	—	4, 11, 18, 25			
			360	320	180	—	400			
1	AUTOMOBILE EXPENSE	$	$61.20	$54.40	$30.60	$ -	$68.00	$	$214.20	1
2	AIR OR RAIL FARE									2
3	TAXI, LIMOUSINE, PUBLIC TRANSP									3
4	OTHER TRANSP EXPENSES									4
5	MEALS (INCL. TIPS) B L D		☒ 11.00	☒ 13.75	☒ 14.00	11.00	☒ 10.00		48.75	5
6	LODGING									6
7	MISC (EXPLAINED IN SECTION II)		5.00	(See below)					5.00	7
8	TOTALS	$	$77.20	$68.15	$44.60	$ -	$78.00	$	$267.95	8

MEMO EXPENSES (PROVIDED BY THE UNIVERSITY)	AIR	RAIL	REGISTRATION	OTHER	EXPLANATION	TOTAL MEMO EXPENSE
	$	$	$	$		$

SECTION II (Misc. Expense Explanation)

DATE	EXPLANATION (ENTERTAINMENT AND MISCELLANEOUS TRAVEL EXPENSES)	AMOUNT
9/30/79	5.00 for accident insurance	$

ACTUAL EXPENSES - ACCOUNTS TO BE CHARGED (COMPLETE CHARGE CODE MUST BE SHOWN)

ACCOUNT NO	AMOUNT
551-279-07-246	$ 262.95
405-019-03-246	$ 5.00
	$267.95

TOTALS

TOTAL REIMBURSABLE EXPENSES OR LIMIT ON EXPENSES PAID $ /	$
PLUS/MINUS CORRECTED AMOUNT FROM (DATE)	
AMOUNT OF TEMPORARY ADVANCE 750 - 759 - 01 - 245	X
AMOUNT DUE ☐ UNIVERSITY ☒ EMPLOYEE	$267.95

This is a statement of expenses incurred by me while discharging my duties during the week ending on the date shown above. I hereby certify that I have received no other compensation for these expenses:

SIGNATURE OF EMPLOYEE: Charles Raines — DATE: 9/30/79

APPROVAL	DATE	APPROVAL (BUDGET UNIT HEAD)	DATE

SETTLEMENT INSTRUCTIONS: ☐ PLEASE PAY BY CHECK — MAILING ADDRESS

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C110 REV. 8/73 10944

EXPENSE REPORT

Secure Resident Resource Personnel

When securing Resident Resource Persons, the Field Resource Person must:

1. Examine VITAL MIS printouts or consult with the Program Coordinator in order to identify eligible candidates.
2. Contact school officials for tentative approval of the prospective candidate.
3. Upon approval, review the Resident Resource Person - General Information and Agreement.
4. Once an individual agrees to function as a RRP, enter him/her into the VITAL MIS by completing a Personnel (P) form on the new RRP.
5. Inform the learners to be served by the new RRP.
6. Notify the school officials of the appointment.

Following is a copy of the Resident Resource Person - General Information Agreement.

RESIDENT RESOURCE PERSON - GENERAL INFORMATION AND AGREEMENT

We are delighted that you have been or are considering joining our staff at Temple University as a Resident Resource Person. I'm sure you will find the experience rewarding both personally and professionally.

Each year many new vocational teachers are guided toward teaching excellence by Resident Resource Persons throughout eastern Pennsylvania. To date, a great number of these new teachers have completed program requirements and have taken their place among the other more experienced teachers in the schools.

The responsibilities of a Resident Resource Person are outlined in the following pages. You will see that they have a very large part to play in the success of Temple's Field Based CBTE programs. Without such persons there could be no such program.

Since a Resident Resource Person is an employee of a local school, Temple cannot pay them a salary. However, along with the personal and professional satisfaction they derive from being of help to new teachers, Temple does provide other rewards.

A. Tuition Remission - When the interns a Resource Person serves (up to three) complete a cumulative total of 18 modules successfully, he/she can receive up to 4 credits (undergraduate) or 3 credits (graduate) of tuition remission with Temple University.

B. Six Elective Credits - A Resource Person who agrees to receive special preparation as a Resource Person can earn as many as six credits (I.E. 214) total, three per semester. (See Field Staff Member)

A Resident Resource Person works with a member of our Field Staff with the interns in a particular school. It is the responsibility of the Field Staff member to supervise those functioning as Resident Resource Persons. It is a team effort (differentiated staff) since the Field Staff is in turn supervised by members of the Senior Staff at Temple University.

If you agree to function as a Resident Resource Person, we would expect you to provide each intern you serve with no less than one hour of help each week. Since you can only serve three interns, about three hours of your time would be needed. This could come before school, after school, during your lunch break, or during a preparation period.

We hope that you will continue to be on our team or join it if you are not already on it.

RESIDENT RESOURCE PERSON RESPONSIBILITIES

I. Providing Individual Help to Assigned Interns

A. Help Intern <u>Perform Self-Evaluation</u>

1. Review with intern video-tapes of performance--don't pass judgement. Let intern decide if criteria for performance have been met--center on performance criteria.

2. Review with intern products (lesson plans, etc.)--don't pass judgement--etc.

B. Help Intern Through Module Learning Experiences

1. Look at enabling objectives and run check (self-test) to determine which the intern should go through.

2. Allow intern to skip learning experiences if they can score well on self check.

C. Help Intern Select Modules Based on Need and Interest

1. Certain skills are needed almost immediately. Help intern understand this. Other modules are needed as the year progresses (grading, open house). Help intern understand this.

2. If an intern has interest in a particular mod, help him/her balance need with interest.

D. Help Intern Solve Teaching Problems Unrelated to the Modules in the Program

1. You know your school better than an FRP. Help your intern solve teaching problems that are unique to your school--catching a bus, recording absent students, etc.

II. The Helping Conference

Individual help should be provided (I above) during the helping conference. A Resource Person should prepare for this conference and conduct it in a certain way.

A. Preparing for the Helping Conference

1. Review a product or process video tape.

2. Determine if performance criteria met.

3. Select one or two areas for help if all criteria not met. In effect, set conference objectives.

4. Select procedure for opening conference (put intern at ease).

5. Select procedure for meeting conference objectives.

6. Select tentative objectives to guide intern activity after the conference is concluded.

7. Contact intern and set time and place for conference.

B. Conducting the Helping Conference

1. Set the intern at ease.

2. State the conference objectives.

3. Help the intern perform self-evaluation, through module learning experiences, select mods based on need or interns, or solve teaching problems unrelated to modules in the program--be flexible but consider the objectives already stated.

4. Close the conference by helping the intern set objectives for the work. Remember you have some tentative objectives to offer.

NOTE: A Resident Resource Person is functioning as a member of Temple's staff. As such, he/she is expected to act accordingly.

III. Providing Group Help to Assigned Interns

It is the Field Resource Person who is responsible for any group help provided the interns he/she serves. However, you may wish to be involved in such activities because of personal interest or as part of a contract for earning credit for I.E. 214 (Field Experience).

If you agree to function as a Resident Resource Person, in accordance with the information and responsibilities outlined above, please sign below.

RRP Signature _____

FRP Signature _____

Date _____

Collect Data for a Yearly Program Evaluation

In order to collect data for the yearly program evaluation, the Field Resource Person must:

1. Attend a scheduled organizational business meeting where procedural questions are clarified by the Program Coordinator and evaluation instruments are secured.
2. Complete a Field Resource Person yearly program evaluation.
3. Arrange, with each learner and Resident Resource Person, a time to administer the instrument. This is best accomplished in a small group meeting situation.
4. Administer the instruments in a controlled environment.
5. Organize the instruments for return. (RRP in one group, learners in another).
6. Return the instruments to the Program Coordinator.

Optional Activity ⇨ You may wish to gain additional insight into the procedures for providing administrative services by interviewing an experienced Field Resource Person. Your Resource Person will be able to help you schedule such an interview, if desired.

Activity ⬆ The following items check your comprehension of the material in the information sheet, Procedures for Providing Administrative Services, pp. 16-37. Each item will require a short essay-type response. Please respond fully, but briefly.

SELF-CHECK

1. Discuss, in writing, the difference in procedures for obtaining and processing FRP tuition remission and RRP tuition remission.

2. Discuss the procedure for handling a veteran, seeking V.A. benefits at registration.

3. Discuss the procedures for processing a change of grade.

4. Discuss the procedures for procuring travel reimbursement.

5. Discuss the suggested procedure for securing Resident Resource Persons.

6. Discuss the procedures that a Field Resource Person must follow when carrying out a yearly program evaluation.

Feedback

Compare your written responses on the Self-Check with the Model Answer given below. Your response need not exactly duplicate the model responses; however, you should have covered the same major points.

MODEL ANSWER

1. A FRP procures a tuition remission form from the program secretary, completes it, and acquires signatures from the Department Chairperson and the Business Manager in the College of Education. Upon returning the completed, signed form to the program secretary, the FRP can present the tuition remission at registration.

   A RRP seeks tuition remission through a FRP. The FRP must first obtain an Authorization Card from the Program Coordinator. After returning this card to the RRP for completion, the FRP checks the card for accuracy then carries it back to the Dean's Office. There, a tuition remission form is completed, issued, and recorded, whereby the FRP returns it to the RRP to be presented when registering.

2. The Resource Person would instruct the individual registering to indicate veteran on the Advisement Record and Registration Packet provided at registration. The FRP would then identify the Veterans Affairs Office at Temple University as being the source of further information. The FRP is also responsible for providing Veteran's Roster Cards and Applications for Educational Benefits to the registrant.

3. The Resource Person would obtain a Change of Grade Form from the program secretary, correctly complete it recording the semester the

change took place on the reverse side of the stub portion, and return it to the secretary for processing. Upon verifying that the secretary made the change on the class list, the Resource Person would place a duplicate of the form in the learner's file folder.

4. The Resource Person must obtain the proper forms from the program secretary, complete and sign each including all necessary receipts, and return the completed forms to the program secretary at the end of each month.

5. Initially, the FRP confers with the Program Coordinator or checks the VITAL MIS in order to identify possible RRP candidates. The FRP then contacts school administrators for tentative approval of those identified. Following approval, the FRP reviews and clarifies RRP responsibilities by covering the Resident Resource Person - General Information Sheet with the prospective candidate. Once an individual agrees to function as a RRP, the FRP enters that person in the VITAL MIS, informs learners to be serviced by the new RRP, and informs school district administrators.

6. The FRP must attend a business meeting on the topic. At this meeting, evaluation instruments are secured and questions relative to the evaluation will be answered and the FRP completes his/her own evaluation form. Next, arrangements are made to administer the evaluation to all RRPs and learners serviced throughout the year. A small group meeting situation provides the controlled atmosphere necessary for administering the evaluation. Upon organizing the instruments, they are returned to the Program Coordinator.

LEVEL OF PERFORMANCE: Your completed Self-Check should have covered the same major points as the Model Answers. If you missed some points or have

questions about any additional points you made, review the material in the information sheet, Procedures for Providing Administrative Services, pp. 16-37, or check with your Resource Person.

LEARNING EXPERIENCE III

Enabling Objective

Given the necessary forms (Tuition Remission, Change of Grade, Travel Expense) and information for completion of these forms, correctly complete each form.

Activity

You will be reading the instructions provided on pp. 45-52, and correctly completing the provided forms in accordance with these instructions.

Feedback

You will be evaluating your competency in completing the provided forms (Tuition Remission, Change of Grade, Travel Expense) by comparing your completed forms with the Model Forms, pp. 53-59.

Activity Correctly complete the following forms in accordance with the instructions given below.

I. Tuition Remission

Complete the following Tuition Remission form for yourself. You wish to take 6 semester hours.

TEMPLE UNIVERSITY
OF THE COMMONWEALTH SYSTEM OF HIGHER EDUCATION
◇

TUITION REMISSION

This TUITION REMISSION form, when properly completed and authorized can be used like cash to pay your Tuition Invoice at the Bursar's Office (in person or by mail).

This form is like a check payable to you. Treat it with care.

This REMISSION is for only one semester/session.

A new form must be submitted for the next semester.

STUDENT

SEMESTER	School Year	Student's Social Sec. No.	Student's Name
☐ FALL ☐ SPRING ☐ 1st Summer ☐ 2nd Summer ☐ 3rd Summer			

School						THIS SEMESTER	
	☐ Undergrad. ☐ Grad. ☐ Prof. ☐ Uncl.	☐ Pa. Resident ☐ Non-Pa. Resident	☐ Day ☐ Evening	☐ Full Time ☐ Part Time	☐ Matriculating ☐ Non-Matriculating	Credit Hours	Invoice Amount
							$

BENEFIT

STUDENT IS:

Employee entitled to
☐ half remission ☐ full remission
up to 6 semester hours (405-150-16)

☐ Spouse entitled to half remission ☐ Child entitled to full remission
of normal course load (405-150-09)

Social Sec. No.	Name
☐ Parent is :	
☐ Spouse is:	

Employee's Dept.	Authorizing Signature	Date

REMISSION

PROGRAM	ACCOUNT NO.	AMOUNT
☐ GRADUATE TUITION SCHOLARSHIP	405 155 05	
☐ UNIVERSITY FELLOWSHIP	405 155 06	FULL
☐ GRADUATE ASSISTANTSHIP		
☐ SUMMER FELLOWSHIP	405 155 07	FULL
☐ ASSOCIATESHIP		FULL Limit 6 Grad.
☐ READERSHIP	405 018 06	
☐ EDUCATION STD. TEACH. SUPVR.	405 019 07	FULL 3 Grad. 4 Under-Grad.
☐ SOC. ADM. FIELD INSTRUCTION	405 004 01	ONE-HALF 3 Grad. 4 Under-Grad.
☐ LAW	405 014 01	
Other: ☐		

DESCRIPTION OF PROGRAM

Principal/Supervisor — Date

Amount (as written on a check)

Authorizing Signature

DO NOT WRITE BELOW

Verification	Student Accounting	Bursar

1-4	5-13	14-17	18-21		38-39	40	41-46	
Semester	Social Security No.	Last Name	Date		Type	Act.	Amount	

1	4-8	9-10	11-30	38-50	51-57
	Date		Name	Account No.	
4		06	ᵬ ᵬ TUIT	27700	

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TO BURSAR WITH TUITION INVOICE

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II. Change of Grade

John Lee had registered to complete 6 credits of PROGRAM VITAL in the Spring of 1979. Due to personal problems, John was unable to complete the coursework requirements and had to take an incomplete. In the Fall semester of 1979, John registered to audit the same 6 hours of coursework. Working very hard, John completed the coursework and wanted his transcript to show this. Considering yourself as being John's FRP, complete the following change of grade card.

John's Student # - 43 46 78

Social Security # - 184-59-8016

TEMPLE UNIVERSITY

OFFICE OF ACADEMIC RECORDS

SPECIAL GRADE CARD / CHANGE OF GRADE REQUEST

RECEIPT **№ 153358**

STUDENT NUMBER | LAST NAME | FIRST NAME | M.I.

SOC. SEC. NO.

STUDENTS COLLEGE _____ STUDENTS CLASS: UNDERGRAD ☐ GRAD ☐

DEPT. NAME | COURSE NO. | SEC. NO. | CRED. HRS.

COURSE TITLE _____

GRADE REPORT OR CHANGE: OLD GRADE _____ NEW GRADE _____

IF OLD GRADE IS OTHER THAN NONE, NR, OR I, NOTE REASON FOR CHANGE:

_____

_____

_____

SEMESTER
CHECK SESSION AND FILL IN YEAR

☐☐ FALL 19__
☐☐ SPRING 19__
☐☐ 1. S.S. 19__
☐☐ 2. S.S. 19__
☐☐ 3. S.S. 19__

INSTRUCTORS SIGNATURE

UNIVERSITY TELEPHONE EXTENSION _____

SIGNATURE OF DEAN (REQUIRED FOR CHANGE OTHER THAN FROM NR OR I)

DATE

RECEIPT **№ 153358**

CHANGE OF GRADE

STUDENTS NAME

COURSE DEPT. AND NO.
GRADE CHANGE

FROM _____ TO _____

INSTRUCTOR'S NAME

RECEIVED BY:

RECORDS STAFF SIGNATURE

DATE

T.U. OFFICE OF ACADEMIC RECORDS

III. Complete the travel expense forms provided as if you were the FRP and had the following schedule.

September, 1979

Monday	Travel from home to N. Tech and back home - 78 miles round trip
Tuesday	Travel from home to S. Tech to Upper Valley Tech to home - 130 miles round trip
Wednesday	Travel home to E. Tech to home - 97 miles round trip
Thursday	Travel from home to Temple University to home - 35 miles round trip
Friday	Travel from home to Lower Valley Tech and back home - 82 miles round trip

Average lunch cost/day - $2.25

DEPARTMENT _____

_____

NAME

_____

MONTH REPORTED

DATE	FROM	TO	MILEAGE

COMMONWEALTH OF PENNSYLVANIA
Dept. 191 Rev. 9-60

TRAVEL EXPENSE VOUCHER

VOUCHER No.

Name of Employee | Title | Budget Program Code

Check to be Mailed to | Name of Department, Board or Commission | For the Month of 19

Date of Month	FROM	TO	PERS AUTO: No. of Miles	PUBLIC TRANSPORTATION: Initials of Carrier	Place Railroad or Bus	Pullman	Auto & Taxi Hire	SUBSISTENCE: Room	Meals: Breakfast	Lunch	Dinner	MISCELLANEOUS EXPENSE: Paid for	Amount	Totals

TEMPLE UNIVERSITY
TRAVEL/EXPENSE REPORT

NAME	SCHOOL	DEPT	WEEK ENDING
			/ /

PURPOSE

DESTINATION	MODE OF TRAVEL	DEPARTURE DATE	RETURN DATE

ESTIMATE OF TOTAL EXPENSES	DISTRIBUTION	ACCOUNT NO	AMOUNT	ACCOUNT NO.	AMOUNT
$			$		$

LIMITATIONS ON EXPENSES TO BE PAID	DEPARTMENT APPROVAL
$	

ADVANCE AMOUNT	AUTHORIZING SIGNATURE (BUDGET UNIT HEAD)	DATE
$ ☐ NONE		

SECTION I
(Expense Break-Down See Back Of This Form For Instructions)

	DATES	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	TOTALS	
	AUTOMOBILE BUSINESS MILEAGE									
1	AUTOMOBILE EXPENSE	$	$	$	$	$	$	$	$	1
2	AIR OR RAIL FARE									2
3	TAXI, LIMOUSINE, PUBLIC TRANSP									3
4	OTHER TRANSP. EXPENSES									4
5	MEALS (INCL TIPS) B / L / D									5
6	LODGING									6
7	MISC. (EXPLAINED IN SECTION II)									
8	TOTALS	$	$	$	$	$	$	$	$	8

MEMO EXPENSES (PROVIDED BY THE UNIVERSITY)	AIR	RAIL	REGISTRATION	OTHER	EXPLANATION	TOTAL MEMO EXPENSE
	$	$	$	$		$

SECTION II
(Misc. Expense Explanation)

DATE	EXPLANATION (ENTERTAINMENT AND MISCELLANEOUS TRAVEL EXPENSES)	AMOUNT
		$

ACTUAL EXPENSES – ACCOUNTS TO BE CHARGED
(COMPLETE CHARGE CODE MUST BE SHOWN)

ACCOUNT NO.	AMOUNT
	$
	$
	$

TOTALS

TOTAL REIMBURSABLE EXPENSES OR LIMIT ON EXPENSES PAID $ /	$
PLUS/MINUS CORRECTED AMOUNT FROM (DATE)	
AMOUNT OF TEMPORARY ADVANCE 750 - 759 - 01 - 245	X
AMOUNT DUE ☐ UNIVERSITY ☐ EMPLOYEE	$

SIGNATURE OF EMPLOYEE DATE

This is a statement of expenses incurred by me while discharging my duties during the week ending on the date shown above. I hereby certify that I have received no other compensation for these expenses:

APPROVAL DATE	APPROVAL (BUDGET UNIT HEAD) DATE

SETTLEMENT INSTRUCTIONS	☐ PLEASE PAY BY CHECK	MAILING ADDRESS

C110 REV. 8/73 10944

EXPENSE REPORT 54

Feedback

Compare your completed forms with the Model Forms given below. Your forms should have exactly duplicated the Model Forms.

MODEL FORMS

(All model forms follow)

TEMPLE UNIVERSITY
OF THE COMMONWEALTH SYSTEM OF HIGHER EDUCATION
◇
TUITION REMISSION

This TUITION REMISSION form, when properly completed and authorized can be used like cash to pay your Tuition Invoice at the Bursar's Office (in person or by mail).

This form is like a check payable to you. Treat it with care.

This REMISSION is for only one semester/session.

A new form must be submitted for the next semester.

STUDENT

☐ FALL ☐ 2nd Summer ☐ Spring ☐ 3rd Summer (Appropriate Semester)	School Year (Appropriate Year)	Student's Social Sec. No. (Your SS #)	Student's Name (Your Name)

School	☐ Undergrad. ☒ Grad. ☐ Prof. ☐ Uncl.	☒ Pa. Resident ☐ Non-Pa. Resident	☐ Day ☒ Evening	☐ Full Time ☒ Part Time	☒ Matriculating ☐ Non-Matriculating	THIS SEMESTER: Credit Hours	THIS SEMESTER: Invoice Amount
Educ.						6	$450

BENEFIT

STUDENT IS:

Employee entitled to ☒ half remission ☐ full remission up to 6 semester hours (405-150-16)

☐ Spouse entitled to half remission of normal course load (405-150-09)

☐ Child entitled to full remission

	Social Sec. No.	Name
☐ Parent is :		
☐ Spouse is:		

Employee's Dept.	Authorizing Signature	Date

REMISSION

PROGRAM	ACCOUNT NO.	AMOUNT
☐ GRADUATE TUITION SCHOLARSHIP	405 155 05	
☐ UNIVERSITY FELLOWSHIP	405 155 06	FULL
☐ GRADUATE ASSISTANTSHIP		
☐ SUMMER FELLOWSHIP	405 155 07	FULL
☐ ASSOCIATESHIP		FULL Limit 6 Grad.
☐ READERSHIP	405 018 06	
☐ EDUCATION STD. TEACH. SUPVR.	405 019 07	FULL 3 Grad. 4 Under-Grad.
☐ SOC. ADM. FIELD INSTRUCTION	405 004 01	ONE-HALF 3 Grad. 4 Under-Grad.
☐ LAW	405 014 01	
Other: ☐		

DESCRIPTION OF PROGRAM

Principal/Supervisor — Date

Amount (as written on a check)

Authorizing Signature

DO NOT WRITE BELOW

Verification	Student Accounting	Bursar

1-4	5-13	14-17	18-21		38-39	40	41-46	
Semester	Social Security No.	Last Name	Date		Type	Act.	Amount	

1	4-8	9-10	11-30	38-50	51-57
	Date		Name	Account No.	
4		06	⌀ ⌀TUIT	27700	

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TO BURSAR WITH TUITION INVOICE

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11.

TEMPLE UNIVERSITY — OFFICE OF ACADEMIC RECORDS — RECEIPT № 153370

SPECIAL GRADE CARD / CHANGE OF GRADE REQUEST

STUDENT NUMBER	LAST NAME	FIRST NAME	M.I.
434678	LEE	JOHN	–

SOC. SEC. NO. 184 59 8016 — STUDENTS COLLEGE Educ. — STUDENTS CLASS: UNDERGRAD X GRAD

DEPT. NAME	COURSE NO.	SEC. NO.	CRED. HRS.
IND ED	203	301	006

COURSE TITLE Pedagogical Competence

GRADE REPORT OR CHANGE: OLD GRADE I NEW GRADE A

IF OLD GRADE IS OTHER THAN NONE, NR, OR I, NOTE REASON FOR CHANGE:

SEMESTER CHECK SESSION AND FILL IN YEAR

- X FALL 19 79
- SPRING 19
- 1. S.S. 19
- 2. S.S. 19
- 3. S.S. 19

Your Signature
INSTRUCTORS SIGNATURE

SIGNATURE OF DEAN (REQUIRED FOR CHANGE OTHER THAN FROM NR OR I)

DATE

UNIVERSITY TELEPHONE EXTENSION Your Ext.

RECEIPT № 153370
CHANGE OF GRADE

John Lee
STUDENTS NAME

IE 203
COURSE DEPT. AND NO.
GRADE CHANGE

FROM I TO A

Your Name
INSTRUCTOR'S NAME

RECEIVED BY:

RECORDS STAFF SIGNATURE

DATE
T.U. OFFICE OF ACADEMIC RECORDS

Fall
1979

Back

III.

DEPARTMENT Vocational Education

NAME Your Name

MONTH REPORTED 9/79

	DATE	FROM	TO	MILEAGE
M	9/3, 10, 17, 24	Your home (location)	N. Tech	78 x 4 = 312
T	9/4, 11, 18, 25	"	S. Tech + UV Tech	130 x 4 = 520
W	9/5, 12, 19, 26	"	E. Tech	97 x 4 = 388
F	9/7, 14, 21/28	"	Lower Valley Tech	82 x 4 = 328
				1548

COMMONWEALTH OF PENNSYLVANIA
DA 191 Rv 9-64

TRAVEL EXPENSE VOUCHER

VOUCHER No.

Name of Employee: Your Name

Title: Field Resource Person

Budget Program Code: 551-279-07-246

Check to be Mailed to:

Name of Department, Board or Commission: Vocational Educatin

For the Month of: Sept 19 79

Date of Month	From	To	PERS AUTO: No. of Miles	PUBLIC TRANSPORTATION: Initials of Center	Plane Railroad or Bus	Pullman	Auto & Taxi Hire	SUBSISTENCE: Room	Meals: Breakfast	Lunch	Dinner	MISCELLANEOUS EXPENSE: Paid for Tolls	Amount	Totals
9-3	Home	N Tech	78							2 25				2 25
9/4	Home	S. Tech	130							2 25				2 25
9/5	Home	E Tech	97							2 25				2 25
9/7	Home	LV Tech	82							2 25				2 25
9/10	Home	N. Tech	78							2 25				2 25
9/11	Home	S. Tech	130							2 25				2 25
9/12	Home	E Tech	97							2 25				2 25
9/14	Home	LV Tech	82							2 25				2 25
9/17	Home	N. Tech	78							2 25				2 25
9/18	Home	S. Tech	130							2 25				2 25
9/19	Home	E. Tech	97							2 25				2 25
9/21	Home	LV. Tech	82							2 25				2 25
9/24	Home	N. Tech	78							2 25				2 25
9/25	Home	S. Tech	130							2 25				2 25
9/26	Home	E. Tech	97							2 25				2 25
9/28	Home	LV Tech	82							2 25				2 25
														36 00
				Amount for Personal Auto - Copy from summary below - add										263.16
		TOTALS	1548											

Summary of Personal Auto Charges: 1548 Miles @ .17 ¢ - $ 263.16

_____ Miles @ ¢ - $ _____

TOTAL $ _____

Total - $299.16

I certify that I have personally examined this statement. The items of expense herein agree with reports of work performed which are on file in this office, and the amounts charged are not excessive.

I certify that the above expenses, services or materials were actually incurred, rendered or purchased in the fulfillment of my duties to the Commonwealth of Pennsylvania; that they do not include personal expenses and the information given on the reverse side of this statement is true and correct.

Your Signature

TEMPLE UNIVERSITY
TRAVEL/EXPENSE REPORT

NAME	SCHOOL	DEPT	WEEK ENDING
Your Name	Ed	Voc. Ed	9/28/79

PURPOSE: School Visitation

DESTINATION	MODE OF TRAVEL	DEPARTURE DATE	RETURN DATE
N. Tech, S. Tech, E. Tech, Lower Valley Tech, Upper Valley Tech	Auto		

ESTIMATE OF TOTAL EXPENSES	DISTRIBUTION	ACCOUNT NO.	AMOUNT	ACCOUNT NO.	AMOUNT
$			$		$

LIMITATIONS ON EXPENSES TO BE PAID	DEPARTMENT APPROVAL
$	

ADVANCE AMOUNT	AUTHORIZING SIGNATURE (BUDGET UNIT HEAD)	DATE
$ ☒ NONE		

SECTION I (Expense Break-Down See Back Of This Form For Instructions)

	DATES	SUNDAY	MONDAY 3, 10, 17, 24	TUESDAY 4, 11, 18, 25	WEDNESDAY 5, 12, 19, 26	THURSDAY	FRIDAY 7, 14, 21, 28	SATURDAY	
	AUTOMOBILE BUSINESS MILEAGE		312	520	388	—	328		TOTALS
1	AUTOMOBILE EXPENSE	$	$53.04	$88.40	$65.96	$ —	$55.76	$	$263.16 1
2	AIR OR RAIL FARE								2
3	TAXI, LIMOUSINE, PUBLIC TRANSP.								3
4	OTHER TRANSP. EXPENSES								4
5	MEALS (INCL. TIPS) B L D		☒ 9.00	☒ 9.00	☒ 9.00	—	☒ 9.00		36.00 5
6	LODGING								6
7	MISC. (EXPLAINED IN SECTION II)		5.00	(see below)					5.00
8	TOTALS	$	$67.04	$97.40	$74.96	$ —	$64.76	$	$304.16 8

MEMO EXPENSES (PROVIDED BY THE UNIVERSITY)	AIR	RAIL	REGISTRATION	OTHER	EXPLANATION	TOTAL MEMO EXPENSE
	$	$	$	$		$

SECTION II (Misc. Expense Explanation)

DATE	EXPLANATION (ENTERTAINMENT AND MISCELLANEOUS TRAVEL EXPENSES)	AMOUNT
9/28/79	5.00 for accident insurance	$

ACTUAL EXPENSES – ACCOUNTS TO BE CHARGED (COMPLETE CHARGE CODE MUST BE SHOWN)

ACCOUNT NO.	AMOUNT
551-279-07-246	$299.16
405-019-03-246	$ 5.00
	$304.16

TOTALS

TOTAL REIMBURSABLE EXPENSES OR LIMIT ON EXPENSES PAID $ /	$
PLUS/MINUS CORRECTED AMOUNT FROM (DATE)	
AMOUNT OF TEMPORARY ADVANCE 750 - 759 - 01 - 245	X
AMOUNT DUE ☐ UNIVERSITY ☒ EMPLOYEE	$304.16

This is a statement of expenses incurred by me while discharging my duties during the week ending on the date shown above. I hereby certify that I have received no other compensation for these expenses:

SIGNATURE OF EMPLOYEE: Your Signature — DATE: 9/28/79

APPROVAL	DATE	APPROVAL (BUDGET UNIT HEAD)	DATE

SETTLEMENT INSTRUCTIONS: ☐ PLEASE PAY BY CHECK — MAILING ADDRESS

C110 REV. 8/73 10944

LEVEL OF PERFORMANCE: Your completed forms should have exactly duplicated the Model Forms. If you missed some points or have questions about any additional points, review the material in the information sheets, Administrative Services, pp. 7-10, and/or Procedures For Providing Administrative Services, pp. 16-37, or check with your Resource Person.

LEARNING EXPERIENCE IV

Enabling Objective

Given two Case Studies of Field Resource Persons providing various administrative services, critique the performance of each Field Resource Person.

Activity

You will be reading two Case Studies, pp. 61-63, and writing a critique of the performance of each Field Resource Person described.

Feedback

You will be evaluating your competency in critiquing the performances of the Field Resource Persons described, by comparing your completed written critiques with the Model Critiques, pp. 64-65.

Activity The following Case Studies describe a Field Resource Person securing Resident Resource Persons and collecting data for the yearly program evaluation, respectively. Read each Case Study and critique the Field Resource Person's performance, in writing.

CASE STUDY I

Jack Jones, a FRP, is visiting East Vocational School for the second time since the semester began. Upon speaking with Sam Bean, last year's RRP at East, Jack discovers that Sam does not wish to function as a RRP this year.

Jack proceeded to ask Sam for possible candidates. Soliciting two names, Jack immediately approached these two individuals. After explaining program operation, RRP responsibilities, etc., Jack had identified one interested candidate. He immediately approached the School Administrator for approval. The administrator stated that this candidate was a highly respected teacher and could do a good job as a RRP. However, he also mentioned that this person was already active in many other time consuming school activities and wondered if there existed sufficient time in this person's schedule to fulfill all responsibilities effectively.

The administrator left the decision up to Jack and the interested candidate. Whatever they decided was fine with him.

Returning to the candidate, Jack provided the RRP agreement clarifying any questions. He then proceeded to enroll this person in VITAL MIS.

After notifying the learners to be served by the new RRP, Jack returned to the University where he consulted with the Program Coordinator concerning the new assignment.

Critique Jack's performance, in writing.

CASE STUDY II

Carol King, a FRP, was bringing the school year to a close by doing some final record keeping and gathering of materials. One main responsibility remaining was the collection of data for the yearly program evaluation.

In her most recent business meeting, Carol received all evaluation forms and instructions, accompanied by verbal clarification from the Program Coordinator.

Upon completing her own evaluation of the program, Carol went home to plan her strategy for conducting the evaluation.

She decided to make a final visit of the schools she serviced, administering the evaluation individually to all persons involved.

While visiting the schools, Carol wasn't initially able to get a 100% return. Some individuals (learners and RRPs) were not available. In these instances Carol decided to leave the written instructions and forms for the individuals to complete and mail to the University.

Upon organizing all instruments that she had personally administered and collected, Carol returned the instruments to the Program Coordinator.

Critique Carol's performance in writing.

Feedback

Compare your written critiques of the Case Studies with the Model Critiques given below. Your response need not exactly duplicate the model response; however, you should have covered the same major points.

MODEL CRITIQUES

CASE STUDY I

It is understandable why Jack was so eager to identify a RRP. It is assumed he realized the fact that limited learner progress is often contributed to the lack of a RRP.

Considering this situation, it was logical for Jack to approach Sam for possible candidates, rather than to return to the University to examine VITAL MIS printouts for possibilities, wasting valuable learner time.

However, prior to contacting the candidates that Sam identified, Jack should most certainly have consulted with the School Administration for possible identification of other candidates or tentative approval of those already identified. Such a mistake could cause considerable controversy between School Administration and FRP, teacher and School Administration and/or FRP and teacher.

Consulting with the Program Coordinator after the RRP assignment was out of order. If Jack felt consultation necessary, he should have done it prior to the assignment. Considering the time factor involved here, a telephone call to the Program Coordinator would have sufficed.

CASE STUDY II

Receiving all instructions and materials at the organizational business meeting, readied Carol for conducting the final program evaluation.

Realizing the need for planning to conduct the evaluation was very perceptive on Carol's part. However, in planning, Carol failed to realize that it would have been much more beneficial to conduct the evaluation in a group meeting, rather than on an individual basis. Carol could have avoided missing individuals had she forwarded a memo to each school stating the time, place, important information, and stressing the importance of having all persons (RRPs and learners) involved in the program, present on the day of the evaluation.

Carol's decision to leave materials for those individuals whom she was unable to contact, was inappropriate. This action did not insure the 100% return of materials desired for the final program evaluation. Considering Carol's decision to administer the evaluation individually, she should have returned to each building, as necessary,to administer and collect materials from all individuals not initially reached, in order to insure a 100% return.

LEVEL OF PERFORMANCE: Your completed critique of each Case Study should have covered the same major points as the Model Critique. If you missed some points or have questions about any additional points you made, review the material in the information sheet, Procedures for Providing Administrative Services, pp. 16-37, or check with your Resource Person.

LEARNING EXPERIENCE V

Terminal Objective

In an actual FB/CBVTE program situation, provide administrative services.

Activity

As you conduct your activities as a Resource Person, you will be required to provide administrative services. Due to the nature of this experience, you may need an extended period of time in an actual program situation. As the situation arises for you to provide an administrative service, document your actions (in writing, on tape, or through a log) for assessment by your Resource Person.

Feedback

Arrange in advance to have your Resource Person review your documentation and/or observe you providing administrative services. Your total competency will be assessed by your Resource Person, using the Resource Person Performance Assessment Form, pp. 67-69. Based upon the criteria specified in the assessment instrument, your Resource Person will determine whether you are competent in providing administrative services.

RESOURCE PERSON PERFORMANCE ASSESSMENT FORM

Provide Administrative Services

Directions: Indicate the level of the Resource Person's accomplishment by placing an X in the appropriate box under the LEVEL OF PERFORMANCE heading. If, because of special circumstances, a performance component was not applicable, place an X in the N/A box.

	LEVEL OF PERFORMANCE					
	N/A	NONE	POOR	FAIR	GOOD	EXCELLENT
1. To procure tuition remission the Resource Person:						
a. Obtained the form specific to the tuition remission being sought.....						
b. Determined that the tuition remission was properly completed.....						
c. Obtained the necessary signatures for authorization.....						
d. Used the tuition remission for registered course work.....						
2. To process Veterans Administration Forms, the Field Resource Person:						
a. Instructed learners/interns in the procedure to be followed						
1) Indicated Veteran on advisement record.....						
2) Indicated Veteran on registration packet.....						
b. Identified additional forms needing processing.....						
c. Announced the office location to obtain needed forms.....						

	LEVEL OF PERFORMANCE					
	N/A	NONE	POOR	FAIR	GOOD	EXCELLENT
d. Verified that all forms were properly completed.....						
3. To change a student's grade the Resource Person:						
a. Obtained the necessary form to change a student's grade.....						
b. Completed the change of grade card.....						
c. Recorded the semester the transaction took place on the reverse side of the stub portion of the form.....						
d. Returned the change of grade form to the appropriate office within the University.....						
e. Verified the change of grade was recorded (by secretary) on the class list.....						
f. Placed a duplicate of the change of grade card transaction in the student's file folder.....						
4. To procure travel reimbursement the Field Resource Person:						
a. Obtained the necessary form to record travel expenses.....						
b. Completed and signed the travel expense voucher.....						
c. Submitted receipts with the signed voucher.....						
d. Signed a green travel voucher form.....						
e. Returned the completed forms to the appropriate office.....						

	LEVEL OF PERFORMANCE					
	N/A	NONE	POOR	FAIR	GOOD	EXCELLENT
5. To secure Resident Resource Personnel the Field Resource Person:						
a. Examined VITAL MIS printouts or consulted with program coordinator to determine eligible candidates.....						
b. Contacted school officials to receive tentative approval of the prospective candidate.....						
c. Reviewed the role and responsibility of a RRP with the potential candidate.....						
d. Provided the contractual agreement to the potential candidate for examination...						
e. Provide clarification relative to the contract.....						
f. Enrolled the RRP in VITAL MIS.....						
g. Notified the interns to be served by the new RRP.....						
h. Notified the local school district officials of the appointment.....						
6. To collect data for the yearly program evaluation the Field Resource Person:						
a. Attended the organizational meeting.....						
b. Clarified procedural questions with the Program Coordinator.....						
c. Completed information on forms required...						
d. Arranged with each RRP and intern a time to administer the instrument.....						
e. Administered the instrument.....						

	LEVEL OF PERFORMANCE					
	N/A	NONE	POOR	FAIR	GOOD	EXCELLENT
f. Controlled the environment for instrument administration.....						
g. Organized instruments for return.....						
h. Returned instruments to Program Coordinator.....						

LEVEL OF PERFORMANCE: All items must receive N/A, GOOD, or EXCELLENT responses. If any item receives a NONE, POOR, or FAIR response, the Resource Person trainee and his/her Resource Person should meet to determine what additional activities the trainee needs to complete in order to reach competency in the weak area(s).

ABOUT USING RESOURCE PERSON MODULES

ORGANIZATION

Each module is designed to help you gain competency in a particular skill area considered important to success when functioning as a Resource Person. A module is made up of a series of learning experiences, some providing background information, some providing practice experiences, and others combining these two functions. Completing these experiences should enable you to achieve the terminal objective in the final learning experience. The final experience in each module always requires you to demonstrate the skill when functioning in the role of the Resource Person.

PROCEDURES

Modules are designed to allow you to individualize your preparation program. You need to complete only those modules covering skills which you do not already possess. Similarly, you need not complete any learning experiences within a module if you already have the skill needed to complete it. Therefore, before taking any module you should carefully review (1) the introduction (2) the objectives listed (3) the overview preceeding each learning experience, and (4) the final experience. After comparing your present needs and competencies with the information you have read in these sections, you should be ready to make one of the following decisions:

That you do not have the competencies indicated and should complete the entire module.

That you are competent in one or more of the enabling objectives leading to the final learning experience, and thus can omit that (those) learning experience(s).

That you are already competent in this area and ready to complete the final learning experience in order to **Test Out**.

That the module is inappropriate to your needs at this time.

When you are ready to take the final learning experience and have the opportunity to function in the role of Resource Person, make the necessary arrangements with your Resource Person. If you do not complete the final experience successfully, meet with your Resource Person and arrange (1) to repeat the experience (2) complete (or review) previous sections of the module or other related activities suggested by your Resource Person before attempting to repeat the final experience.

TITLE OF MODULES IN RESOURCE PERSON SERIES

- Conduct A CBTE Orientation Program
- Register Learners For CBTE Programs
- Provide Administrative Services
- Establish And Maintain Records In The VITAL Management Information System
- Select Appropriate Modules
- Conduct An Observation Session
- Conduct A Helping Conference
- Assist Learners In Obtaining The Various Vocational Instructional Certificates Issued In Pennsylvania
- Facilitate A Council Of Educators' Review
- Evaluate A Product Or Process Type Teaching Performance
- Monitor The Progress Of A Resident Resource Person
- Conduct A Small Group Meeting
- Instruct Others To Set-Up And Operate A Video System

For information regarding the availability of these modules, contact-

VEIN
Vocational Education Resource Services
Stayer Research and Learning Center
Millersville State College
Millersville, PA 17551